



| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions  | Board of Healing Arts     |                           |             |               |                      |                        |                          |
|-----------------|-------------------------------|---|---------------------------|---------------------------|-------------|---------------|----------------------|------------------------|--------------------------|
|                 | License                       |   | MDs                       | DOs                       | Podiatrists | Institutional | Physician Assistants | Respiratory Therapists | Radiologic Technologists |
| 38              | RETIREN                       | RETIRING IN THE NEXT TWO YEARS NO                                   | NEED                      | NEED                      | NEED        | NEED          | NEED                 | NEED                   | NEED                     |
| 39              |                               | ARE YOU ACTIVELY RECRUTING A DENTIST TO JOIN YOUR PRACTICE          |                           |                           |             |               |                      |                        |                          |
| 40              |                               | IF YES, HOW LONG HAVE YOU BEEN LOOKING FOR A DENTIST TO JOIN YOUR   |                           |                           |             |               |                      |                        |                          |
| 41              |                               | IS YOUR PRACTICE CURRENTLY FOR SALE                                 |                           |                           |             |               |                      |                        |                          |
| 42              |                               | ARE YOU CURRENTLY RECRUITING FOR A DENTAL HYGIENIST                 |                           |                           |             |               |                      |                        |                          |
| 43              |                               | ARE YOU CURRENTLY SEEKING EMPLOYMENT AS A DENTIST (FULL OR PART     |                           |                           |             |               |                      |                        |                          |
| 44              |                               | IF YES, HOW LONG HAVE YOU BEEN LOOKING FOR EMPLOYMENT AS A DENTIST? |                           |                           |             |               |                      |                        |                          |
|                 | Person                        |   |                           |                           |             |               |                      |                        |                          |
| 45              | PFNMEF                        | FIRST NAME  | PFNMEF                    | PFNMEF                    | PFNMEF      | PFNMEF        | PFNMEF               | PFNMEF                 | PFNMEF                   |
| 46              | PFNMEI                        | MIDDLE INITIAL  | PFNMEI                    | PFNMEI                    | PFNMEI      | PFNMEI        | PFNMEI               | PFNMEI                 | PFNMEI                   |
| 47              | PFNMEL                        | LAST NAME   | PFNMEL                    | PFNMEL                    | PFNMEL      | PFNMEL        | PFNMEL               | PFNMEL                 | PFNMEL                   |
| 48              | PFNMES                        | NAME SUFFIX   |                           |                           |             |               |                      |                        |                          |
| 49              | CREDENT                       | PROFESSIONAL DESIGNATION  |                           |                           |             |               |                      |                        |                          |
|                 | Residents                     |   |                           |                           |             |               |                      |                        |                          |
| 50              | KRESPGMN                      | RESIDENCE PROGRAM NO (X)  | RESIDENCE PROGRAM NO (X)  | RESIDENCE PROGRAM NO (X)  |             |               |                      |                        |                          |
| 51              | KRESPGMY                      | RESIDENCE PROGRAM YES (X)   | RESIDENCE PROGRAM YES (X) | RESIDENCE PROGRAM YES (X) |             |               |                      |                        |                          |
| 52              | KRESINST                      | RESIDENCE INSTITUTION   | RESIDENCE INSTITUTION     | RESIDENCE INSTITUTION     |             |               |                      |                        |                          |
| 53              | KRESCITY                      | RESIDENCE CITY  | RESIDENCE CITY            | RESIDENCE CITY            |             |               |                      |                        |                          |
| 54              | KRESSTE                       | RESIDENCE STATE   | RESIDENCE STATE           | RESIDENCE STATE           |             |               |                      |                        |                          |
| 55              | KRESZIP                       | RESIDENCE ZIP (5 digit)   | RESIDENCE ZIP             | RESIDENCE ZIP             |             |               |                      |                        |                          |
| 56              | KRESZ_4                       | RESIDENCE ZIP EXTENSION (4 digit)                                   | RESIDENCE ZIP EXTENSION   | RESIDENCE ZIP EXTENSION   |             |               |                      |                        |                          |
| 57              | KRESKO                        | RESIDENCE COUNTY  | RESIDENCE COUNTY          | RESIDENCE COUNTY          |             |               |                      |                        |                          |
|                 | Specialty                     |   |                           |                           |             |               |                      |                        |                          |
| 58              | KSC1                          | SPECIALIZATION CODE 1   | PFSPEC                    | PFSPEC                    |             |               | PFSPEC               |                        |                          |
| 59              | KSC2                          | SPECIALIZATION CODE 2   | PFSPEC                    | PFSPEC                    |             |               | PFSPEC               |                        |                          |
| 60              | KSC3                          | SPECIALIZATION CODE 3   | PFSPEC                    | PFSPEC                    |             |               | PFSPEC               |                        |                          |
| 61              | SPNAME1                       | SPECIALIZATION NAME 1   | SPEC1                     | SPEC1                     |             |               | SPEC1                |                        |                          |
| 62              | SPNAME2                       | SPECIALIZATION NAME 2   | SPEC2                     | SPEC2                     |             |               | SPEC2                |                        |                          |
| 63              | SPNAME3                       | SPECIALIZATION NAME 3   | SPEC3                     | SPEC3                     |             |               | SPEC3                |                        |                          |
| 64              | SPECOTH1                      | OTHER SPECIALIZATION NAME 1   | NEED                      | NEED                      |             |               | NEED                 |                        |                          |
| 65              | SPECOTH2                      | OTHER SPECIALIZATION NAME 2   | NEED                      | NEED                      |             |               | NEED                 |                        |                          |
| 66              | SPECOTH3                      | OTHER SPECIALIZATION NAME 3   | NEED                      | NEED                      |             |               | NEED                 |                        |                          |



[illegible]

[illegible]

[illegible]



| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions  |             |                              |                 |                               |                           | Social Work | Social Work | Social Work |
|-----------------|-------------------------------|---|-------------|------------------------------|-----------------|-------------------------------|---------------------------|-------------|-------------|-------------|
|                 | License                       |   | Naturopaths | Naturopath with Accupuncture | Limited License | Student Respiratory Therapist | MD Post Graduate          | LASW        | LBSW        | LMSW        |
| 38              | RETIREN                       | RETIRING IN THE NEXT TWO YEARS NO                                   | NEED        | NEED                         | NEED            | NEED                          | NEED                      | NEED        | NEED        | NEED        |
| 39              |                               | ARE YOU ACTIVELY RECRUTING A DENTIST TO JOIN YOUR PRACTICE          |             |                              |                 |                               |                           |             |             |             |
| 40              |                               | IF YES, HOW LONG HAVE YOU BEEN LOOKING FOR A DENTIST TO JOIN YOUR   |             |                              |                 |                               |                           |             |             |             |
| 41              |                               | IS YOUR PRACTICE CURRENTLY FOR SALE                                 |             |                              |                 |                               |                           |             |             |             |
| 42              |                               | ARE YOU CURRENTLY RECRUITING FOR A DENTAL HYGIENIST                 |             |                              |                 |                               |                           |             |             |             |
| 43              |                               | ARE YOU CURRENTLY SEEKING EMPLOYMENT AS A DENTIST (FULL OR PART     |             |                              |                 |                               |                           |             |             |             |
| 44              |                               | IF YES, HOW LONG HAVE YOU BEEN LOOKING FOR EMPLOYMENT AS A DENTIST? |             |                              |                 |                               |                           |             |             |             |
|                 | Person                        |   |             |                              |                 |                               |                           |             |             |             |
| 45              | PFNMEF                        | FIRST NAME  | PFNMEF      | PFNMEF                       | PFNMEF          | PFNMEF                        | PFNMEF                    | FirstName   | FirstName   | FirstName   |
| 46              | PFNMEI                        | MIDDLE INITIAL  | PFNMEI      | PFNMEI                       | PFNMEI          | PFNMEI                        | PFNMEI                    | MiddleName  | MiddleName  | MiddleName  |
| 47              | PFNMEL                        | LAST NAME   | PFNMEL      | PFNMEL                       | PFNMEL          | PFNMEL                        | PFNMEL                    | LastName    | LastName    | LastName    |
| 48              | PFNMES                        | NAME SUFFIX   |             |                              |                 |                               |                           |             |             |             |
| 49              | CREDENT                       | PROFESSIONAL DESIGNATION  |             |                              |                 |                               |                           | LicType     | LicType     | LicType     |
|                 | Residents                     |   |             |                              |                 |                               |                           |             |             |             |
| 50              | KRESPGMN                      | RESIDENCE PROGRAM NO (X)  |             |                              |                 |                               | RESIDENCE PROGRAM NO (X)  |             |             |             |
| 51              | KRESPGMY                      | RESIDENCE PROGRAM YES (X)   |             |                              |                 |                               | RESIDENCE PROGRAM YES (X) |             |             |             |
| 52              | KRESINST                      | RESIDENCE INSTITUTION   |             |                              |                 |                               | RESIDENCE INSTITUTION     |             |             |             |
| 53              | KRESCITY                      | RESIDENCE CITY  |             |                              |                 |                               | RESIDENCE CITY            |             |             |             |
| 54              | KRESSTE                       | RESIDENCE STATE   |             |                              |                 |                               | RESIDENCE STATE           |             |             |             |
| 55              | KRESZIP                       | RESIDENCE ZIP (5 digit)   |             |                              |                 |                               | RESIDENCE ZIP             |             |             |             |
| 56              | KRESZ_4                       | RESIDENCE ZIP EXTENSION (4 digit)                                   |             |                              |                 |                               | RESIDENCE ZIP EXTENSION   |             |             |             |
| 57              | KRESCO                        | RESIDENCE COUNTY  |             |                              |                 |                               | RESIDENCE COUNTY          |             |             |             |
|                 | Specialty                     |   |             |                              |                 |                               |                           |             |             |             |
| 58              | KSC1                          | SPECIALIZATION CODE 1   |             |                              |                 |                               | PFSPEC                    |             |             |             |
| 59              | KSC2                          | SPECIALIZATION CODE 2   |             |                              |                 |                               | PFSPEC                    |             |             |             |
| 60              | KSC3                          | SPECIALIZATION CODE 3   |             |                              |                 |                               | PFSPEC                    |             |             |             |
| 61              | SPNAME1                       | SPECIALIZATION NAME 1   |             |                              |                 |                               | SPEC1                     |             |             |             |
| 62              | SPNAME2                       | SPECIALIZATION NAME 2   |             |                              |                 |                               | SPEC2                     |             |             |             |
| 63              | SPNAME3                       | SPECIALIZATION NAME 3   |             |                              |                 |                               | SPEC3                     |             |             |             |
| 64              | SPECOTH1                      | OTHER SPECIALIZATION NAME 1   |             |                              |                 |                               | NEED                      |             |             |             |
| 65              | SPECOTH2                      | OTHER SPECIALIZATION NAME 2   |             |                              |                 |                               | NEED                      |             |             |             |
| 66              | SPECOTH3                      | OTHER SPECIALIZATION NAME 3   |             |                              |                 |                               | NEED                      |             |             |             |



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|-----------------|-------------------------------|---|--------------|------------------------------|-----------------|-------------------------------|------------------|----------------|----------------|----------------|
|                 | License                       |   | Naturopaths  | Naturopath with Accupuncture | Limited License | Student Respiratory Therapist | MD Post Graduate | LASW           | LBSW           | LMSW           |
| 67              | KBC1N                         | BOARD CERTIFIED SPEC 1 NO (X)             |              |                              |                 |                               |                  |                |                |                |
| 68              | KBC1Y                         | BOARD CERTIFIED SPEC 1 YES (X)            |              |                              |                 |                               |                  |                |                |                |
| 69              | KBC2N                         | BOARD CERTIFIED SPEC 2 NO (X)             |              |                              |                 |                               |                  |                |                |                |
| 70              | KBC2Y                         | BOARD CERTIFIED SPEC 2 YES (X)            |              |                              |                 |                               |                  |                |                |                |
| 71              | KBC3N                         | BOARD CERTIFIED SPEC 3 NO (X)             |              |                              |                 |                               |                  |                |                |                |
| 72              | KBC3Y                         | BOARD CERTIFIED SPEC 3 YES (X)            |              |                              |                 |                               |                  |                |                |                |
|                 | Education                     |   |              |                              |                 |                               |                  |                |                |                |
| 73              | PFSCHM                        | SCHOOL DESCRIPTION (NAME)                 | PFSCHM       | PFSCHM                       | PFSCHM          | PFSCHM                        | PFSCHM           |                |                |                |
| 74              | PFSCHOOL                      | SCHOOL CODE                               | SCHOOLCODE   | SCHOOLCODE                   | SCHOOLCODE      | SCHOOLCODE                    | SCHOOLCODE       | FirstOfCollege | FirstOfCollege | FirstOfCollege |
| 75              | DEGREE                        | COLLEGE DEGREE                            |              |                              |                 |                               |                  | FirstOfDegree  | FirstOfDegree  | FirstOfDegree  |
| 76              | PFDEGD                        | DEGREE DATE                               | PFDEGD       | PFDEGD                       | PFDEGD          | PFDEGD                        | PFDEGD           |                |                |                |
| 77              | EDLEVELH                      | EDUCATION LEVEL-HIGHEST                   |              |                              |                 |                               |                  |                |                |                |
| 78              | ISCHOOLY                      | GRADUATE OF AN INTERNATIONAL SCHOOL (YES) | OKFSGRAD     | OKFSGRAD                     | OKFSGRAD        | OKFSGRAD                      | OKFSGRAD         | KFSGRAD        | KFSGRAD        | KFSGRAD        |
| 79              | ISCHOOLN                      | GRADUATE OF AN INTERNATIONAL SCHOOL (NO)  | OKFSGRAD     | OKFSGRAD                     | OKFSGRAD        | OKFSGRAD                      | OKFSGRAD         | KFSGRAD        | KFSGRAD        | KFSGRAD        |
|                 | Mailing                       |   |              |                              |                 |                               |                  |                |                |                |
| 80              | ADRESP                        | MAIL ADD TYPE (PROF OR HOME)              | ADRESD       | ADRESD                       | ADRESD          | ADRESD                        | ADRESD           | NEED           | NEED           | NEED           |
| 81              | ADORG                         | MAIL ORGANIZATION NAME                    | NEED         | NEED                         | NEED            | NEED                          | NEED             | NEED           | NEED           | NEED           |
| 82              | ADLNE1                        | MAIL ADDRESS 1                            | ADLNE1       | ADLNE1                       | ADLNE1          | ADLNE1                        | ADLNE1           | Address1       | Address1       | Address1       |
| 83              | ADLNE2                        | MAIL ADDRESS 2                            | ADLNE2       | ADLNE2                       | ADLNE2          | ADLNE2                        | ADLNE2           | NEED           | NEED           | NEED           |
| 84              | ADCITY                        | MAIL CITY                                 | ADCITY       | ADCITY                       | ADCITY          | ADCITY                        | ADCITY           | City           | City           | City           |
| 85              | ADSTE                         | MAIL STATE                                | ADSTE        | ADSTE                        | ADSTE           | ADSTE                         | ADSTE            | State          | State          | State          |
| 86              | ADZIPC                        | MAIL ZIPCODE (5 digit)                    | ADZIPC (5)   | ADZIPC (5)                   | ADZIPC (5)      | ADZIPC (5)                    | ADZIPC (5)       | Zip (5)        | Zip (5)        | Zip (5)        |
| 87              | ADZIPC_4                      | MAIL ZIPCODE (4 digit)                    | ADZIPC (4)   | ADZIPC (4)                   | ADZIPC (4)      | ADZIPC (4)                    | ADZIPC (4)       | Zip (4)        | Zip (4)        | Zip (4)        |
| 88              | ADPHNE                        | MAIL PHONE                                | ADPHNE       | ADPHNE                       | ADPHNE          | ADPHNE                        | ADPHNE           | NEED           | NEED           | NEED           |
|                 | Practice General              |   |              |                              |                 |                               |                  |                |                |                |
| 89              | KDPCAREY                      | KANSAS DIRECT PATIENT CARE (Y)            | KDPCAREY     | KDPCAREY                     | KDPCAREY        | KDPCAREY                      | KDPCAREY         | NEED           | NEED           | NEED           |
| 90              | KDPCAREN                      | KANSAS DIRECT PATIENT CARE (N)            | KDPCAREN     | KDPCAREN                     | KDPCAREN        | KDPCAREN                      | KDPCAREN         | NEED           | NEED           | NEED           |
| 91              | ADMINHRS                      | HOURS IN ADMINISTRATION IN A TYPICAL WEEK | NEED         | NEED                         | NEED            | NEED                          | NEED             | NEED           | NEED           | NEED           |
| 92              | RESEAHRS                      | HOURS IN RESEARCH IN A TYPICAL WEEK       | NEED         | NEED                         | NEED            | NEED                          | NEED             | NEED           | NEED           | NEED           |
| 93              | TEACHHRS                      | HOURS IN TEACHING IN A TYPICAL WEEK       | NEED         | NEED                         | NEED            | NEED                          | NEED             | NEED           | NEED           | NEED           |
| 94              | OTHHRS                        | HOURS IN OTHER IN A TYPICAL WEEK          | NEED         | NEED                         | NEED            | NEED                          | NEED             | NEED           | NEED           | NEED           |
|                 | Practice 1                    |   |              |                              |                 |                               |                  |                |                |                |
| 95              | KORGPS1                       | PRACTICE SITE 1 ORGANIZATION NAME         | P1NAME       | P1NAME                       | P1NAME          | P1NAME                        | P1NAME           | KLN1PS         | KLN1PS         | KLN1PS         |
| 96              | KLN1PS1                       | PRACTICE SITE 1 ADDRESS 1                 | P1ADLNE1     | P1ADLNE1                     | P1ADLNE1        | P1ADLNE1                      | P1ADLNE1         | KLN2PS         | KLN2PS         | KLN2PS         |
| 97              | KLN2PS1                       | PRACTICE SITE 1 ADDRESS 2                 | P1ADLNE2     | P1ADLNE2                     | P1ADLNE2        | P1ADLNE2                      | P1ADLNE2         | NEED           | NEED           | NEED           |
| 98              | KPSCITY1                      | PRACTICE SITE 1 CITY                      | P1ADCITY     | P1ADCITY                     | P1ADCITY        | P1ADCITY                      | P1ADCITY         | KPSCITY        | KPSCITY        | KPSCITY        |
| 99              | KPSSTE1                       | PRACTICE SITE 1 STATE                     | P1ADSTE      | P1ADSTE                      | P1ADSTE         | P1ADSTE                       | P1ADSTE          | KPSSTATE       | KPSSTATE       | KPSSTATE       |
| 100             | KPSZIP1                       | PRACTICE SITE 1 ZIP (5 digit)             | P1ADZIPC (5) | P1ADZIPC (5)                 | P1ADZIPC (5)    | P1ADZIPC (5)                  | P1ADZIPC (5)     | KPSZIP (5)     | KPSZIP (5)     | KPSZIP (5)     |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       |               |                              |                 |                               |                      | Social Work  | Social Work  | Social Work  |
|-----------------|-------------------------------|--|---------------|------------------------------|-----------------|-------------------------------|----------------------|--------------|--------------|--------------|
|                 | License                       |  | Naturopaths   | Naturopath with Accupuncture | Limited License | Student Respiratory Therapist | MD Post Graduate     | LASW         | LBSW         | LMSW         |
| 101             | KPSZ1_4                       | PRACTICE SITE 1 ZIP EXTENSION (4 digit)                            | P1ADZIPC (4)  | P1ADZIPC (4)                 | P1ADZIPC (4)    | P1ADZIPC (4)                  | P1ADZIPC (4)         | KPSZIP (4)   | KPSZIP (4)   | KPSZIP (4)   |
| 102             | KPSPH1                        | PRACTICE SITE 1 PHONE  | P1ADPHNE      | P1ADPHNE                     | P1ADPHNE        | P1ADPHNE                      | P1ADPHNE             | KPSPH        | KPSPH        | KPSPH        |
| 103             | KPSFAX1                       | PRACTICE SITE 1 FAX  | P1FAX         | P1FAX                        | P1FAX           | P1FAX                         | P1FAX                | KPSFAX       | KPSFAX       | KPSFAX       |
| 104             | KPS1EMAL                      | PRACTICE SITE 1 EMAIL ADDRESS                                      | P1EMAIL       | P1EMAIL                      | P1EMAIL         | P1EMAIL                       | P1EMAIL              | NEED         | NEED         | NEED         |
| 105             | KPSTYPE1                      | PRACTICE SITE 1 TYPE   | KPSTYPE1      | KPSTYPE1                     | KPSTYPE1        | KPSTYPE1                      | KPSTYPE1             | KPSTYPE      | KPSTYPE      | KPSTYPE      |
| 106             | KPTYOTH1                      | PRACTICE SITE 1 OTHER  | OtherSetting1 | OtherSetting1                | OtherSetting1   | OtherSetting1                 | OtherSetting1        | KPSTYOTH     | KPSTYOTH     | KPSTYOTH     |
| 107             | KPATSEE1                      | PATIENTS SEEN PER WEEK SITE 1                                      | NoPatWeek1    | NoPatWeek1                   | NoPatWeek1      | NoPatWeek1                    | NoPatWeek1           | KPATYSEE     | KPATYSEE     | KPATYSEE     |
| 108             | KHRSPS1                       | PRACTICE SITE 1 HOURS  | NoHrsdircare1 | NoHrsdircare1                | NoHrsdircare1   | NoHrsdircare1                 | NoHrsdircare1        | KHRSPS       | KHRSPS       | KHRSPS       |
| 109             | KWKPYR1                       | PRACTICE SITE 1 WKS PER YR   | NoWksYear1    | NoWksYear1                   | NoWksYear1      | NoWksYear1                    | NoWksYear1           | WKSYP1       | WKSYP1       | WKSYP1       |
| 110             | KPCT1PS1                      | PRACTICE SITE 1 % SPECIALTY 1                                      |               |                              |                 |                               | PercentDirPatCare1_1 |              |              |              |
| 111             | KPCT2PS1                      | PRACTICE SITE 1 % SPECIALTY 2                                      |               |                              |                 |                               | PercentDirPatCare1_2 |              |              |              |
| 112             | KPCT3PS1                      | PRACTICE SITE 1 % SPECIALTY 3                                      |               |                              |                 |                               | PercentDirPatCare1_3 |              |              |              |
| 113             | KPCTMH1                       | PRACTICE SITE 1 % MENTAL HEALTH                                    |               |                              |                 |                               | NEED                 | KPCTMH1      | KPCTMH1      | KPCTMH1      |
| 114             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 1                    |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 115             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 1                 |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 116             | DENTHYGPS1                    | DENTAL HYGIENISTS AT PRACTICE SITE 1                               |               |                              |                 |                               | NEED                 |              |              |              |
| 117             | DENTASSISPS1                  | DENTAL ASSISTANTS AT PRACTICE SITE 1                               |               |                              |                 |                               |                      |              |              |              |
| 118             | DENTSCALEPS1                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 1                       |               |                              |                 |                               |                      |              |              |              |
| 119             | ECPLVL1PS1                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 1 |               |                              |                 |                               |                      |              |              |              |
| 120             | ECPLVL2PS1                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 1 |               |                              |                 |                               |                      |              |              |              |
| 121             | NEWPATPS1Y                    | NEW PATIENTS AT SITE 1 YES   |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 122             | NEWPATPS1N                    | NEW PATIENTS AT SITE 1 NO  |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 123             | WAITHRSPS1                    | WAIT HOURS AT SITE 1   |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
|                 | Practice 2                    |  |               |                              |                 |                               |                      |              |              |              |
| 124             | KORGPS2                       | PRACTICE SITE 2 ORGANIZATION NAME                                  | P2NAME        | P2NAME                       | P2NAME          | P2NAME                        | P2NAME               | KLN1PS01     | KLN1PS01     | KLN1PS01     |
| 125             | KLN1PS2                       | PRACTICE SITE 2 ADDRESS 1  | P2ADLNE1      | P2ADLNE1                     | P2ADLNE1        | P2ADLNE1                      | P2ADLNE1             | KLN2PS01     | KLN2PS01     | KLN2PS01     |
| 126             | KLN2PS2                       | PRACTICE SITE 2 ADDRESS 2  | P2ADLNE2      | P2ADLNE2                     | P2ADLNE2        | P2ADLNE2                      | P2ADLNE2             | NEED         | NEED         | NEED         |
| 127             | KPSCITY2                      | PRACTICE SITE 2 CITY   | P2ADCITY      | P2ADCITY                     | P2ADCITY        | P2ADCITY                      | P2ADCITY             | KPSCITY01    | KPSCITY01    | KPSCITY01    |
| 128             | KPSSTE2                       | PRACTICE SITE 2 STATE  | P2ADSTE       | P2ADSTE                      | P2ADSTE         | P2ADSTE                       | P2ADSTE              | KPSSTATE01   | KPSSTATE01   | KPSSTATE01   |
| 129             | KPSZIP2                       | PRACTICE SITE 2 ZIP (5 digit)                                      | P2ADZIPC (5)  | P2ADZIPC (5)                 | P2ADZIPC (5)    | P2ADZIPC (5)                  | P2ADZIPC (5)         | KPSZIP01 (5) | KPSZIP01 (5) | KPSZIP01 (5) |
| 130             | KPSZ2_4                       | PRACTICE SITE 2 ZIP EXTENSION (4 digit)                            | P2ADZIPC (4)  | P2ADZIPC (4)                 | P2ADZIPC (4)    | P2ADZIPC (4)                  | P2ADZIPC (4)         | KPSZIP01 (4) | KPSZIP01 (4) | KPSZIP01 (4) |
| 131             | KPSPH2                        | PRACTICE SITE 2 PHONE  | P2ADPHNE      | P2ADPHNE                     | P2ADPHNE        | P2ADPHNE                      | P2ADPHNE             | KPSPH01      | KPSPH01      | KPSPH01      |
| 132             | KPSFAX2                       | PRACTICE SITE 2 FAX  | P2FAX         | P2FAX                        | P2FAX           | P2FAX                         | P2FAX                | KPSFAX01     | KPSFAX01     | KPSFAX01     |
| 133             | KPS2EMAL                      | PRACTICE SITE 2 EMAIL ADDRESS                                      | P2EMAIL       | P2EMAIL                      | P2EMAIL         | P2EMAIL                       | P2EMAIL              | NEED         | NEED         | NEED         |

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|-----------------|-------------------------------|--|---------------|------------------------------|-----------------|-------------------------------|----------------------|--------------|--------------|--------------|
|                 | License                       |  | Naturopaths   | Naturopath with Accupuncture | Limited License | Student Respiratory Therapist | MD Post Graduate     | LASW         | LBSW         | LMSW         |
| 134             | KPSTYPE2                      | PRACTICE SITE 2 TYPE   | KPSTYPE2      | KPSTYPE2                     | KPSTYPE2        | KPSTYPE2                      | KPSTYPE2             | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    |
| 135             | KPTYOTH2                      | PRACTICE SITE 2 OTHER  | OtherSetting2 | OtherSetting2                | OtherSetting2   | OtherSetting2                 | OtherSetting2        | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   |
| 136             | KPATSEE2                      | PATIENTS SEEN PER WEEK SITE 2                                      | NoPatWeek2    | NoPatWeek2                   | NoPatWeek2      | NoPatWeek2                    | NoPatWeek2           | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   |
| 137             | KHRSPS2                       | PRACTICE SITE 2 HOURS  | NoHrsdircare2 | NoHrsdircare2                | NoHrsdircare2   | NoHrsdircare2                 | NoHrsdircare2        | KHRSPS01     | KHRSPS01     | KHRSPS01     |
| 138             | KWKPYR2                       | PRACTICE SITE 2 WKS PER YR   | NoWksYear2    | NoWksYear2                   | NoWksYear2      | NoWksYear2                    | NoWksYear2           | WKSYP2       | WKSYP2       | WKSYP2       |
| 139             | KPCT1PS2                      | PRACTICE SITE 2 % SPECIALTY 1                                      |               |                              |                 |                               | PercentDirPatCare2_1 |              |              |              |
| 140             | KPCT2PS2                      | PRACTICE SITE 2 % SPECIALTY 2                                      |               |                              |                 |                               | PercentDirPatCare2_2 |              |              |              |
| 141             | KPCT3PS2                      | PRACTICE SITE 2 % SPECIALTY 3                                      |               |                              |                 |                               | PercentDirPatCare2_3 |              |              |              |
| 142             | KPCTMH2                       | PRACTICE SITE 2 % MENTAL HEALTH                                    |               |                              |                 |                               | NEED                 | KPCTMH2      | KPCTMH2      | KPCTMH2      |
| 143             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 2                    |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 144             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 2                 |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 145             | DENTHYGPS2                    | DENTAL HYGIENISTS AT PRACTICE SITE 2                               |               |                              |                 |                               | NEED                 |              |              |              |
| 146             | DENTASSISPS2                  | DENTAL ASSISTANTS AT PRACTICE SITE 2                               |               |                              |                 |                               |                      |              |              |              |
| 147             | DENTSCALEPS2                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 2                       |               |                              |                 |                               |                      |              |              |              |
| 148             | ECPLVL1PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 2 |               |                              |                 |                               |                      |              |              |              |
| 149             | ECPLVL2PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 2 |               |                              |                 |                               |                      |              |              |              |
| 150             | NEWPATPS2Y                    | NEW PATIENTS AT SITE 2 YES   |               |                              |                 |                               |                      | NEED         | NEED         | NEED         |
| 151             | NEWPATPS2N                    | NEW PATIENTS AT SITE 2 NO  |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
| 152             | WAITHRSPS2                    | WAIT HOURS AT SITE 2   |               |                              |                 |                               | NEED                 | NEED         | NEED         | NEED         |
|                 | Practice 3                    |  |               |                              |                 |                               |                      |              |              |              |
| 153             | KORGPS3                       | PRACTICE SITE 3 ORGANIZATION NAME                                  | P3NAME        | P3NAME                       | P3NAME          | P3NAME                        | P3NAME               | KLN1PS02     | KLN1PS02     | KLN1PS02     |
| 154             | KLN1PS3                       | PRACTICE SITE 3 ADDRESS 1  | P3ADLNE1      | P3ADLNE1                     | P3ADLNE1        | P3ADLNE1                      | P3ADLNE1             | KLN2PS02     | KLN2PS02     | KLN2PS02     |
| 155             | KLN2PS3                       | PRACTICE SITE 3 ADDRESS 2  | P3ADLNE2      | P3ADLNE2                     | P3ADLNE2        | P3ADLNE2                      | P3ADLNE2             | NEED         | NEED         | NEED         |
| 156             | KPSCITY3                      | PRACTICE SITE 3 CITY   | P3ADCITY      | P3ADCITY                     | P3ADCITY        | P3ADCITY                      | P3ADCITY             | KPSCITY02    | KPSCITY02    | KPSCITY02    |
| 157             | KPSSTE3                       | PRACTICE SITE 3 STATE  | P3ADSTE       | P3ADSTE                      | P3ADSTE         | P3ADSTE                       | P3ADSTE              | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   |
| 158             | KPSZIP3                       | PRACTICE SITE 3 ZIP (5 digit)                                      | P3ADZIPC (5)  | P3ADZIPC (5)                 | P3ADZIPC (5)    | P3ADZIPC (5)                  | P3ADZIPC (5)         | KPSZIP02 (5) | KPSZIP02 (5) | KPSZIP02 (5) |
| 159             | KPSZ3_4                       | PRACTICE SITE 3 ZIP EXTENSION (4 digit)                            | P3ADZIPC (4)  | P3ADZIPC (4)                 | P3ADZIPC (4)    | P3ADZIPC (4)                  | P3ADZIPC (4)         | KPSZIP02 (4) | KPSZIP02 (4) | KPSZIP02 (4) |
| 160             | KPSPH3                        | PRACTICE SITE 3 PHONE  | P3ADPHNE      | P3ADPHNE                     | P3ADPHNE        | P3ADPHNE                      | P3ADPHNE             | KPSPH02      | KPSPH02      | KPSPH02      |
| 161             | KPSFAX3                       | PRACTICE SITE 3 FAX  | P3FAX         | P3FAX                        | P3FAX           | P3FAX                         | P3FAX                | KPSFAX02     | KPSFAX02     | KPSFAX02     |
| 162             | KPS3EMAL                      | PRACTICE SITE 3 EMAIL ADDRESS                                      | P3EMAIL       | P3EMAIL                      | P3EMAIL         | P3EMAIL                       | P3EMAIL              | NEED         | NEED         | NEED         |
| 163             | KPSTYPE3                      | PRACTICE SITE 3 TYPE   | KPSTYPE3      | KPSTYPE3                     | KPSTYPE3        | KPSTYPE3                      | KPSTYPE3             | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    |
| 164             | KPTYOTH3                      | PRACTICE SITE 3 OTHER  | OtherSetting3 | OtherSetting3                | OtherSetting3   | OtherSetting3                 | OtherSetting3        | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   |
| 165             | KPATSEE3                      | PATIENTS SEEN PER WEEK SITE 3                                      | NoPatWeek3    | NoPatWeek3                   | NoPatWeek3      | NoPatWeek3                    | NoPatWeek3           | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   |
| 166             | KHRSPS3                       | PRACTICE SITE 3 HOURS  | NoHrsdircare3 | NoHrsdircare3                | NoHrsdircare3   | NoHrsdircare3                 | NoHrsdircare3        | KHRSPS02     | KHRSPS02     | KHRSPS02     |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       |             |                              |                 |                               |                      | Social Work | Social Work | Social Work |
|-----------------|-------------------------------|--|-------------|------------------------------|-----------------|-------------------------------|----------------------|-------------|-------------|-------------|
|                 | License                       |  | Naturopaths | Naturopath with Accupuncture | Limited License | Student Respiratory Therapist | MD Post Graduate     | LASW        | LBSW        | LMSW        |
| 167             | KWKPYR3                       | PRACTICE SITE 3 WKS PER YR   | NoWksYear3  | NoWksYear3                   | NoWksYear3      | NoWksYear3                    | NoWksYear3           | WKSYSR2     | WKSYSR2     | WKSYSR2     |
| 168             | KPCT1PS3                      | PRACTICE SITE 3 % SPECIALTY 1                                      |             |                              |                 |                               | PercentDirPatCare3_1 |             |             |             |
| 169             | KPCT2PS3                      | PRACTICE SITE 3 % SPECIALTY 2                                      |             |                              |                 |                               | PercentDirPatCare3_2 |             |             |             |
| 170             | KPCT3PS3                      | PRACTICE SITE 3 % SPECIALTY 3                                      |             |                              |                 |                               | PercentDirPatCare3_3 |             |             |             |
| 171             | KPCTMH3                       | PRACTICE SITE 3 % MENTAL HEALTH                                    |             |                              |                 |                               | NEED                 | KPCTMH3     | KPCTMH3     | KPCTMH3     |
| 172             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3                    |             |                              |                 |                               | NEED                 | NEED        | NEED        | NEED        |
| 173             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 3                 |             |                              |                 |                               | NEED                 | NEED        | NEED        | NEED        |
| 174             | DENTHYGPS3                    | DENTAL HYGIENISTS AT PRACTICE SITE 3                               |             |                              |                 |                               | NEED                 |             |             |             |
| 175             | DENTASSISPS3                  | DENTAL ASSISTANTS AT PRACTICE SITE 3                               |             |                              |                 |                               |                      |             |             |             |
| 176             | DENTSCALEPS3                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 3                       |             |                              |                 |                               |                      |             |             |             |
| 177             | ECPLVL1PS3                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 3 |             |                              |                 |                               |                      |             |             |             |
| 178             | ECPLVL2PS3                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 3 |             |                              |                 |                               |                      |             |             |             |
| 179             | NEWPATPS3Y                    | NEW PATIENTS AT SITE 3 YES   |             |                              |                 |                               |                      | NEED        | NEED        | NEED        |
| 180             | NEWPATPS3N                    | NEW PATIENTS AT SITE 3 NO  |             |                              |                 |                               | NEED                 | NEED        | NEED        | NEED        |
| 181             | WAITHRSPS3                    | WAIT HOURS AT SITE 3   |             |                              |                 |                               | NEED                 | NEED        | NEED        | NEED        |
|                 | Practice Other                |  |             |                              |                 |                               |                      |             |             |             |
| 182             | KADDPS                        | NUMBER OF ADDITIONAL PRAC SITES                                    | OKNMADPRST  | OKNMADPRST                   | OKNMADPRST      | OKNMADPRST                    | OKNMADPRST           | KNMADPRST   | KNMADPRST   | KNMADPRST   |
| 183             | KADDHRS                       | HRS IN ADD PRACTICE SITES  | OKOTHDPCHR  | OKOTHDPCHR                   | OKOTHDPCHR      | OKOTHDPCHR                    | OKOTHDPCHR           | KOTHDPCHRS  | KOTHDPCHRS  | KOTHDPCHRS  |



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| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       | Social Work  | Marr & Fam   | Marr & Fam   | PSY MA       | PSY          | COUNSELOR    | COUNSELOR    | COUNSELOR    |            |            |
|-----------------|-------------------------------|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|
|                 | License                       |  | LSCSW        | LCMFT        | LMFT         | LMLP         | LP           | LCP          | LCPC         | LPC          | Dentist    | Hygienist  |
| 134             | KPSTYPE2                      | PRACTICE SITE 2 TYPE   | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    | KPSTYPE01    | NEED       | NEED       |
| 135             | KPTYOTH2                      | PRACTICE SITE 2 OTHER  | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   | KPSTYOTH01   | NEED       | NEED       |
| 136             | KPATSEE2                      | PATIENTS SEEN PER WEEK SITE 2                                      | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   | KPATYSEE01   | NEED       | NEED       |
| 137             | KHRSPS2                       | PRACTICE SITE 2 HOURS  | KHRSPS01     | KHRSPS01     | KHRSPS01     | KHRSPS01     | KHRSPS01     | KHRSPS01     | KHRSPS01     | KHRSPS01     | HRSPERWEEK | HRSPERWEEK |
| 138             | KWKPYR2                       | PRACTICE SITE 2 WKS PER YR   | WKSYP2       | WKSYP2       | WKSYP2       | WKSYP2       | WKSYP2       | WKSYP2       | WKSYP2       | WKSYP2       | WKSPERYEAR | WKSPERYEAR |
| 139             | KPCT1PS2                      | PRACTICE SITE 2 % SPECIALTY 1                                      |              |              |              |              |              |              |              |              |            |            |
| 140             | KPCT2PS2                      | PRACTICE SITE 2 % SPECIALTY 2                                      |              |              |              |              |              |              |              |              |            |            |
| 141             | KPCT3PS2                      | PRACTICE SITE 2 % SPECIALTY 3                                      |              |              |              |              |              |              |              |              |            |            |
| 142             | KPCTMH2                       | PRACTICE SITE 2 % MENTAL HEALTH                                    | KPCTMH2      | KPCTMH2      | KPCTMH2      | KPCTMH2      | KPCTMH2      | KPCTMH2      | KPCTMH2      | KPCTMH2      |            |            |
| 143             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 2                    | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED       | NEED       |
| 144             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 2                 | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED       | NEED       |
| 145             | DENTHYGPS2                    | DENTAL HYGIENISTS AT PRACTICE SITE 2                               |              |              |              |              |              |              |              |              | NEED       |            |
| 146             | DENTASSISPS2                  | DENTAL ASSISTANTS AT PRACTICE SITE 2                               |              |              |              |              |              |              |              |              | NEED       |            |
| 147             | DENTSCALEPS2                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 2                       |              |              |              |              |              |              |              |              | NEED       |            |
| 148             | ECPLVL1PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 2 |              |              |              |              |              |              |              |              |            | NEED       |
| 149             | ECPLVL2PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 2 |              |              |              |              |              |              |              |              |            | NEED       |
| 150             | NEWPATPS2Y                    | NEW PATIENTS AT SITE 2 YES   | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED       | NEED       |
| 151             | NEWPATPS2N                    | NEW PATIENTS AT SITE 2 NO  | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED       | NEED       |
| 152             | WAITHRSPS2                    | WAIT HOURS AT SITE 2   | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED       | NEED       |
|                 | Practice 3                    |  |              |              |              |              |              |              |              |              |            |            |
| 153             | KORGPS3                       | PRACTICE SITE 3 ORGANIZATION NAME                                  | KLN1PS02     | KLN1PS02     | KLN1PS02     | KLN1PS02     | KLN1PS02     | KLN1PS02     | KLN1PS02     | KLN1PS02     | NEED       | NEED       |
| 154             | KLN1PS3                       | PRACTICE SITE 3 ADDRESS 1  | KLN2PS02     | KLN2PS02     | KLN2PS02     | KLN2PS02     | KLN2PS02     | KLN2PS02     | KLN2PS02     | KLN2PS02     | ADDRESS1   | ADDRESS1   |
| 155             | KLN2PS3                       | PRACTICE SITE 3 ADDRESS 2  | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | ADDRESS2   | ADDRESS2   |
| 156             | KPSCITY3                      | PRACTICE SITE 3 CITY   | KPSCITY02    | KPSCITY02    | KPSCITY02    | KPSCITY02    | KPSCITY02    | KPSCITY02    | KPSCITY02    | KPSCITY02    | CITY       | CITY       |
| 157             | KPSSTE3                       | PRACTICE SITE 3 STATE  | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   | KPSSTATE02   | STATE      | STATE      |
| 158             | KPSZIP3                       | PRACTICE SITE 3 ZIP (5 digit)                                      | KPSZIP02 (5) | KPSZIP02 (5) | KPSZIP02 (5) | KPSZIP02 (5) | KPSZIP02 (4) | KPSZIP02 (5) | KPSZIP02 (5) | KPSZIP02 (5) | ZIP        | ZIP        |
| 159             | KPSZ3_4                       | PRACTICE SITE 3 ZIP EXTENSION (4 digit)                            | KPSZIP02 (4) | KPSZIP02 (4) | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         |            |            |
| 160             | KPSPH3                        | PRACTICE SITE 3 PHONE  | KPSPH02      | KPSPH02      | KPSPH02      | KPSPH02      | KPSPH02      | KPSPH02      | KPSPH02      | KPSPH02      | DAYPHONE   | DAYPHONE   |
| 161             | KPSFAX3                       | PRACTICE SITE 3 FAX  | KPSFAX02     | KPSFAX02     | KPSFAX02     | KPSFAX02     | KPSFAX02     | KPSFAX02     | KPSFAX02     | KPSFAX02     |            |            |
| 162             | KPS3EMAL                      | PRACTICE SITE 3 EMAIL ADDRESS                                      | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED         | NEED       | NEED       |
| 163             | KPSTYPE3                      | PRACTICE SITE 3 TYPE   | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    | KPSTYPE02    | NEED       | NEED       |
| 164             | KPTYOTH3                      | PRACTICE SITE 3 OTHER  | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   | KPSTYOTH02   | NEED       | NEED       |
| 165             | KPATSEE3                      | PATIENTS SEEN PER WEEK SITE 3                                      | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   | KPATYSEE02   | NEED       | NEED       |
| 166             | KHRSPS3                       | PRACTICE SITE 3 HOURS  | KHRSPS02     | KHRSPS02     | KHRSPS02     | KHRSPS02     | KHRSPS02     | KHRSPS02     | KHRSPS02     | KHRSPS02     | HRSPERWEEK | HRSPERWEEK |

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| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions              | EMS       | Nursing Facility | Speech Pathologists | KDHE CMA Variables | KDHE CNA Variables |           |            | Board of Optometry Variables |                  |                  |
|-----------------|-------------------------------|---|-----------|------------------|---------------------|--------------------|--------------------|-----------|------------|------------------------------|------------------|------------------|
|                 | License                       |   | EMS       | NF               | SP                  | CMA                | CNA                | Pharmacy  | Pharmacist |                              | RN               | LPN              |
| 67              | KBC1N                         | BOARD CERTIFIED SPEC 1 NO (X)             |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 68              | KBC1Y                         | BOARD CERTIFIED SPEC 1 YES (X)            |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 69              | KBC2N                         | BOARD CERTIFIED SPEC 2 NO (X)             |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 70              | KBC2Y                         | BOARD CERTIFIED SPEC 2 YES (X)            |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 71              | KBC3N                         | BOARD CERTIFIED SPEC 3 NO (X)             |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 72              | KBC3Y                         | BOARD CERTIFIED SPEC 3 YES (X)            |           |                  |                     |                    |                    |           |            |                              |                  |                  |
|                 | Education                     |   |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 73              | PFSCHM                        | SCHOOL DESCRIPTION (NAME)                 |           |                  |                     |                    |                    |           |            |                              | NEED             | NEED             |
| 74              | PFSCHOOL                      | SCHOOL CODE                               |           |                  |                     |                    |                    |           |            | College                      | NEED             | NEED             |
| 75              | DEGREE                        | COLLEGE DEGREE                            |           |                  |                     |                    |                    | DEGREE    | DEGREE     |                              | NEED             | NEED             |
| 76              | PFDEGD                        | DEGREE DATE                               |           |                  |                     |                    |                    | DATE      | DATE       | GradYear                     | NEED             | NEED             |
| 77              | EDLEVELH                      | EDUCATION LEVEL-HIGHEST                   | EDUC_LVL  |                  |                     |                    |                    |           |            |                              | NEED             | NEED             |
| 78              | ISCHOOLY                      | GRADUATE OF AN INTERNATIONAL SCHOOL (YES) |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 79              | ISCHOOLN                      | GRADUATE OF AN INTERNATIONAL SCHOOL (NO)  |           |                  |                     |                    |                    |           |            |                              |                  |                  |
|                 | Mailing                       |   |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 80              | ADRESP                        | MAIL ADD TYPE (PROF OR HOME)              | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | NEED                         | NEED             | NEED             |
| 81              | ADORG                         | MAIL ORGANIZATION NAME                    | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | NEED                         | NEED             | NEED             |
| 82              | ADLNE1                        | MAIL ADDRESS 1                            | Address1  | Address          | Address             | Address            | Address            | ADDRESS1  | ADDRESS1   | NEED                         | addr_line_1      | addr_line_1      |
| 83              | ADLNE2                        | MAIL ADDRESS 2                            |           | NEED             | NEED                | NEED               | NEED               | ADDRESS2  | ADDRESS2   | NEED                         | addr_line_2      | addr_line_2      |
| 84              | ADCITY                        | MAIL CITY                                 | City      | City             | City                | City               | City               | CITY      | CITY       | NEED                         | addr_city        | addr_city        |
| 85              | ADSTE                         | MAIL STATE                                | State     | State            | State               | State              | State              | STATE     | STATE      | NEED                         | addr_state       | addr_state       |
| 86              | ADZIPC                        | MAIL ZIPCODE (5 digit)                    | Zip       | Zip              | Zip                 | Zip                | Zip                | ZIP       | ZIP        | NEED                         | addr_zipcode (5) | addr_zipcode (5) |
| 87              | ADZIPC_4                      | MAIL ZIPCODE (4 digit)                    | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | NEED                         | addr_zipcode (4) | addr_zipcode (4) |
| 88              | ADPHNE                        | MAIL PHONE                                | HomePhone | NEED             | NEED                | NEED               | NEED               | TELEPHONE | TELEPHONE  | NEED                         | NEED             | NEED             |
|                 | Practice General              |   |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 89              | KDPCAREY                      | KANSAS DIRECT PATIENT CARE (Y)            |           |                  | NEED                | NEED               | NEED               |           |            | NEED                         | NEED             | NEED             |
| 90              | KDPCAREN                      | KANSAS DIRECT PATIENT CARE (N)            |           |                  | NEED                | NEED               | NEED               |           |            | NEED                         | NEED             | NEED             |
| 91              | ADMINHRS                      | HOURS IN ADMINISTRATION IN A TYPICAL WEEK |           | NEED             | NEED                | NEED               | NEED               |           |            |                              | NEED             | NEED             |
| 92              | RESEAHRS                      | HOURS IN RESEARCH IN A TYPICAL WEEK       |           | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       |                              | NEED             | NEED             |
| 93              | TEACHHRS                      | HOURS IN TEACHING IN A TYPICAL WEEK       |           | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       |                              | NEED             | NEED             |
| 94              | OTHHRS                        | HOURS IN OTHER IN A TYPICAL WEEK          |           | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       |                              | NEED             | NEED             |
|                 | Practice 1                    |   |           |                  |                     |                    |                    |           |            |                              |                  |                  |
| 95              | KORGPS1                       | PRACTICE SITE 1 ORGANIZATION NAME         | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | 1PracticeName                | NEED             | NEED             |
| 96              | KLN1PS1                       | PRACTICE SITE 1 ADDRESS 1                 | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | 1Address                     | NEED             | NEED             |
| 97              | KLN2PS1                       | PRACTICE SITE 1 ADDRESS 2                 | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       |                              | NEED             | NEED             |
| 98              | KPSCITY1                      | PRACTICE SITE 1 CITY                      | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | 1City                        | NEED             | NEED             |
| 99              | KPSSTE1                       | PRACTICE SITE 1 STATE                     | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | 1State                       | NEED             | NEED             |
| 100             | KPSZIP1                       | PRACTICE SITE 1 ZIP (5 digit)             | NEED      | NEED             | NEED                | NEED               | NEED               | NEED      | NEED       | 1Zip (5)                     | NEED             | NEED             |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       | EMS       | Nursing Facility | Speech Pathologists | KDHE CMA Variables | KDHE CNA Variables |          |            | Board of Optometry Variables |      |      |
|-----------------|-------------------------------|--|-----------|------------------|---------------------|--------------------|--------------------|----------|------------|------------------------------|------|------|
|                 | License                       |  | EMS       | NF               | SP                  | CMA                | CNA                | Pharmacy | Pharmacist |                              | RN   | LPN  |
| 101             | KPSZ1_4                       | PRACTICE SITE 1 ZIP EXTENSION (4 digit)                            | NEED      | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | 1Zip (4)                     | NEED | NEED |
| 102             | KPSPH1                        | PRACTICE SITE 1 PHONE  | WorkPhone | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | 1OfficePhone                 | NEED | NEED |
| 103             | KPSFAX1                       | PRACTICE SITE 1 FAX  | NEED      | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | 1OfficeFax                   | NEED | NEED |
| 104             | KPS1EMAL                      | PRACTICE SITE 1 EMAIL ADDRESS                                      | NEED      | NEED             | NEED                | NEED               | NEED               |          |            | EmailAddress                 | NEED | NEED |
| 105             | KPSTYPE1                      | PRACTICE SITE 1 TYPE   | NEED      | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | NEED                         | NEED | NEED |
| 106             | KPTYOTH1                      | PRACTICE SITE 1 OTHER  | NEED      | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | NEED                         | NEED | NEED |
| 107             | KPATSEE1                      | PATIENTS SEEN PER WEEK SITE 1                                      | NEED      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 108             | KHRSPS1                       | PRACTICE SITE 1 HOURS  | NEED      | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | 1HrsWk                       | NEED | NEED |
| 109             | KWKPYR1                       | PRACTICE SITE 1 WKS PER YR   | NEED      | NEED             | NEED                | NEED               | NEED               | NEED     | NEED       | NEED                         | NEED | NEED |
| 110             | KPCT1PS1                      | PRACTICE SITE 1 % SPECIALTY 1                                      |           |                  |                     |                    |                    |          |            |                              |      |      |
| 111             | KPCT2PS1                      | PRACTICE SITE 1 % SPECIALTY 2                                      |           |                  |                     |                    |                    |          |            |                              |      |      |
| 112             | KPCT3PS1                      | PRACTICE SITE 1 % SPECIALTY 3                                      |           |                  |                     |                    |                    |          |            |                              |      |      |
| 113             | KPCTMH1                       | PRACTICE SITE 1 % MENTAL HEALTH                                    |           |                  |                     |                    |                    |          |            |                              |      |      |
| 114             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 1                    |           | NEED             | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 115             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 1                 |           |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 116             | DENTHYGPS1                    | DENTAL HYGIENISTS AT PRACTICE SITE 1                               |           |                  |                     |                    |                    |          |            |                              |      |      |
| 117             | DENTASSISPS1                  | DENTAL ASSISTANTS AT PRACTICE SITE 1                               |           |                  |                     |                    |                    |          |            |                              |      |      |
| 118             | DENTSCALEPS1                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 1                       |           |                  |                     |                    |                    |          |            |                              |      |      |
| 119             | ECPLVL1PS1                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 1 |           |                  |                     |                    |                    |          |            |                              |      |      |
| 120             | ECPLVL2PS1                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 1 |           |                  |                     |                    |                    |          |            |                              |      |      |
| 121             | NEWPATPS1Y                    | NEW PATIENTS AT SITE 1 YES   |           |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 122             | NEWPATPS1N                    | NEW PATIENTS AT SITE 1 NO  |           |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 123             | WAITHRSPS1                    | WAIT HOURS AT SITE 1   |           |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
|                 | Practice 2                    |  |           |                  |                     |                    |                    |          |            |                              |      |      |
| 124             | KORGPS2                       | PRACTICE SITE 2 ORGANIZATION NAME                                  | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       | 2PracticeName                | NEED | NEED |
| 125             | KLN1PS2                       | PRACTICE SITE 2 ADDRESS 1  | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       | 2Address                     | NEED | NEED |
| 126             | KLN2PS2                       | PRACTICE SITE 2 ADDRESS 2  | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       |                              | NEED | NEED |
| 127             | KPSCITY2                      | PRACTICE SITE 2 CITY   | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       | 2City                        | NEED | NEED |
| 128             | KPSSTE2                       | PRACTICE SITE 2 STATE  | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       | 2State                       | NEED | NEED |
| 129             | KPSZIP2                       | PRACTICE SITE 2 ZIP (5 digit)                                      | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       | 2Zip (5)                     | NEED | NEED |
| 130             | KPSZ2_4                       | PRACTICE SITE 2 ZIP EXTENSION (4 digit)                            | NEED      | NEED             | NEED                | NEED               | NEED               |          |            | 2Zip (4)                     | NEED | NEED |
| 131             | KPSPH2                        | PRACTICE SITE 2 PHONE  | NEED      | NEED             | NEED                | NEED               | NEED               |          | NEED       | 2OfficePhone                 | NEED | NEED |
| 132             | KPSFAX2                       | PRACTICE SITE 2 FAX  |           |                  |                     |                    |                    |          | NEED       | 2OfficeFax                   | NEED | NEED |
| 133             | KPS2EMAL                      | PRACTICE SITE 2 EMAIL ADDRESS                                      | NEED      | NEED             | NEED                | NEED               | NEED               |          |            |                              | NEED | NEED |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       | EMS  | Nursing Facility | Speech Pathologists | KDHE CMA Variables | KDHE CNA Variables |          |            | Board of Optometry Variables |      |      |
|-----------------|-------------------------------|--|------|------------------|---------------------|--------------------|--------------------|----------|------------|------------------------------|------|------|
|                 | License                       |  | EMS  | NF               | SP                  | CMA                | CNA                | Pharmacy | Pharmacist |                              | RN   | LPN  |
| 134             | KPSTYPE2                      | PRACTICE SITE 2 TYPE   | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 135             | KPTYOTH2                      | PRACTICE SITE 2 OTHER  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 136             | KPATSEE2                      | PATIENTS SEEN PER WEEK SITE 2                                      | NEED |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 137             | KHRSPS2                       | PRACTICE SITE 2 HOURS  | NEED |                  | NEED                | NEED               | NEED               |          | NEED       | 2HrsWk                       | NEED | NEED |
| 138             | KWKPYR2                       | PRACTICE SITE 2 WKS PER YR   | NEED |                  | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 139             | KPCT1PS2                      | PRACTICE SITE 2 % SPECIALTY 1                                      |      |                  |                     |                    |                    |          |            |                              |      |      |
| 140             | KPCT2PS2                      | PRACTICE SITE 2 % SPECIALTY 2                                      |      |                  |                     |                    |                    |          |            |                              |      |      |
| 141             | KPCT3PS2                      | PRACTICE SITE 2 % SPECIALTY 3                                      |      |                  |                     |                    |                    |          |            |                              |      |      |
| 142             | KPCTMH2                       | PRACTICE SITE 2 % MENTAL HEALTH                                    |      |                  |                     |                    |                    |          |            |                              |      |      |
| 143             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 2                    |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 144             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 2                 |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 145             | DENTHYGPS2                    | DENTAL HYGIENISTS AT PRACTICE SITE 2                               |      |                  |                     |                    |                    |          |            |                              |      |      |
| 146             | DENTASSISPS2                  | DENTAL ASSISTANTS AT PRACTICE SITE 2                               |      |                  |                     |                    |                    |          |            |                              |      |      |
| 147             | DENTSCALEPS2                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 2                       |      |                  |                     |                    |                    |          |            |                              |      |      |
| 148             | ECPLVL1PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 2 |      |                  |                     |                    |                    |          |            |                              |      |      |
| 149             | ECPLVL2PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 2 |      |                  |                     |                    |                    |          |            |                              |      |      |
| 150             | NEWPATPS2Y                    | NEW PATIENTS AT SITE 2 YES   |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 151             | NEWPATPS2N                    | NEW PATIENTS AT SITE 2 NO  |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 152             | WAITHRSPS2                    | WAIT HOURS AT SITE 2   |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
|                 | Practice 3                    |  |      |                  |                     |                    |                    |          |            |                              |      |      |
| 153             | KORGPS3                       | PRACTICE SITE 3 ORGANIZATION NAME                                  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | 3PracticeName                | NEED | NEED |
| 154             | KLN1PS3                       | PRACTICE SITE 3 ADDRESS 1  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | 3Address                     | NEED | NEED |
| 155             | KLN2PS3                       | PRACTICE SITE 3 ADDRESS 2  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       |                              | NEED | NEED |
| 156             | KPSCITY3                      | PRACTICE SITE 3 CITY   | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | 3City                        | NEED | NEED |
| 157             | KPSSTE3                       | PRACTICE SITE 3 STATE  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | 3State                       | NEED | NEED |
| 158             | KPSZIP3                       | PRACTICE SITE 3 ZIP (5 digit)                                      | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | 3Zip (5)                     | NEED | NEED |
| 159             | KPSZ3_4                       | PRACTICE SITE 3 ZIP EXTENSION (4 digit)                            | NEED | NEED             | NEED                | NEED               | NEED               |          |            | 3Zip (4)                     | NEED | NEED |
| 160             | KPSPH3                        | PRACTICE SITE 3 PHONE  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | 3OfficePhone                 | NEED | NEED |
| 161             | KPSFAX3                       | PRACTICE SITE 3 FAX  |      |                  |                     |                    |                    |          | NEED       | 3OfficeFax                   | NEED | NEED |
| 162             | KPS3EMAL                      | PRACTICE SITE 3 EMAIL ADDRESS                                      | NEED | NEED             | NEED                | NEED               | NEED               |          |            |                              |      |      |
| 163             | KPSTYPE3                      | PRACTICE SITE 3 TYPE   | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 164             | KPTYOTH3                      | PRACTICE SITE 3 OTHER  | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 165             | KPATSEE3                      | PATIENTS SEEN PER WEEK SITE 3                                      | NEED |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 166             | KHRSPS3                       | PRACTICE SITE 3 HOURS  | NEED |                  | NEED                | NEED               | NEED               |          | NEED       | 3HrsWk                       | NEED | NEED |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       | EMS  | Nursing Facility | Speech Pathologists | KDHE CMA Variables | KDHE CNA Variables |          |            | Board of Optometry Variables |      |      |
|-----------------|-------------------------------|--|------|------------------|---------------------|--------------------|--------------------|----------|------------|------------------------------|------|------|
|                 | License                       |  | EMS  | NF               | SP                  | CMA                | CNA                | Pharmacy | Pharmacist |                              | RN   | LPN  |
| 167             | KWKPYR3                       | PRACTICE SITE 3 WKS PER YR   | NEED |                  | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 168             | KPCT1PS3                      | PRACTICE SITE 3 % SPECIALTY 1                                      |      |                  |                     |                    |                    |          |            |                              |      |      |
| 169             | KPCT2PS3                      | PRACTICE SITE 3 % SPECIALTY 2                                      |      |                  |                     |                    |                    |          |            |                              |      |      |
| 170             | KPCT3PS3                      | PRACTICE SITE 3 % SPECIALTY 3                                      |      |                  |                     |                    |                    |          |            |                              |      |      |
| 171             | KPCTMH3                       | PRACTICE SITE 3 % MENTAL HEALTH                                    |      |                  |                     |                    |                    |          |            |                              |      |      |
| 172             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3                    |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 173             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 3                 |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 174             | DENTHYGPS3                    | DENTAL HYGIENISTS AT PRACTICE SITE 3                               |      |                  |                     |                    |                    |          |            |                              |      |      |
| 175             | DENTASSISPS3                  | DENTAL ASSISTANTS AT PRACTICE SITE 3                               |      |                  |                     |                    |                    |          |            |                              |      |      |
| 176             | DENTSCALEPS3                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 3                       |      |                  |                     |                    |                    |          |            |                              |      |      |
| 177             | ECPLVL1PS3                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 3 |      |                  |                     |                    |                    |          |            |                              |      |      |
| 178             | ECPLVL2PS3                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 3 |      |                  |                     |                    |                    |          |            |                              |      |      |
| 179             | NEWPATPS3Y                    | NEW PATIENTS AT SITE 3 YES   |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 180             | NEWPATPS3N                    | NEW PATIENTS AT SITE 3 NO  |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
| 181             | WAITHRSPS3                    | WAIT HOURS AT SITE 3   |      |                  | NEED                | NEED               | NEED               |          |            | NEED                         |      |      |
|                 | Practice Other                |  |      |                  |                     |                    |                    |          |            |                              |      |      |
| 182             | KADDPS                        | NUMBER OF ADDITIONAL PRAC SITES                                    | NEED | NEED             | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |
| 183             | KADDHRS                       | HRS IN ADD PRACTICE SITES  | NEED |                  | NEED                | NEED               | NEED               |          | NEED       | NEED                         | NEED | NEED |



| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                    |                   |                   |
|-----------------|-------------------------------|---|-------------------|-------------------|
|                 | License                       |   | RNA               | ARNP              |
| 1               | FEDPROID                      | FEDERAL PROVIDER ID NUMBER (IF APPLICABLE)(FROM KDHE-HOC SURVEY | NEED              | NEED              |
| 2               | PFLICN                        | LICENSE NUMBER  | license_no        | license_no        |
| 3               | PFLICS                        | LICENSE STATUS  | license_status    | license_status    |
| 4               | PFOLDT                        | ORIG LICENSE DATE   | issue_date        | issue_date        |
| 5               | PFEXDT                        | LICENSE EXPIR DATE  | expiration_date   | expiration_date   |
| 6               | PFLSTR                        | LAST RENEWAL DATE   | date_last_renewal | date_last_renewal |
| 7               | KLICMETH                      | LICENSE METHOD (NURSING ONLY)                                   | obtained_type     | obtained_type     |
| 8               | PFLICTYP                      | (LICENSE TYPE)  | license_type      | license_type      |
|                 | Demographics                  |   |                   |                   |
| 9               | PFDTOB                        | DATE OF BIRTH   | date_of_birth     | date_of_birth     |
| 10              | PPFLOB                        | PLACE OF BIRTH  |                   |                   |
| 11              | KSEX                          | GENDER  | gender            | gender            |
| 12              | KLNGENG                       | LANG ENGLISH  | NEED              | NEED              |
| 13              | KLNGSPN                       | LANG SPANISH  | NEED              | NEED              |
| 14              | KLNGCHIN                      | LANG CHINESE  | NEED              | NEED              |
| 15              | KLNGFREN                      | LANG FRENCH   | NEED              | NEED              |
| 16              | KLNGGERM                      | LANG GERMAN   | NEED              | NEED              |
| 17              | KLNGTAGA                      | LANG TAGALOG  | NEED              | NEED              |
| 18              | KLNGVIET                      | LANG VIETNAMESE   | NEED              | NEED              |
| 19              | KLNGARAB                      | LANG ARABIC   | NEED              | NEED              |
| 20              | KLNGHIND                      | LANG HINDI  | NEED              | NEED              |
| 21              | KLNGPILI                      | LANG PILIPINO   | NEED              | NEED              |
| 22              | KLNGURDU                      | LANG URDU   | NEED              | NEED              |
| 23              | KLNGSIGN                      | LANG SIGN   | NEED              | NEED              |
| 24              | KLNGOTH                       | LANG OTHER  | NEED              | NEED              |
| 25              | KLNGSPC                       | LANG SPECIFY  | NEED              | NEED              |
| 26              | KRACEW                        | RACE WHITE  | NEED              | NEED              |
| 27              | KRACEB                        | RACE BLACK OR AFRICAN AMERICAN                                  | NEED              | NEED              |
| 28              | KRACEN                        | RACE AMERICAN INDIAN OR ALASKA NATIVE                           | NEED              | NEED              |
| 29              | KRACEA                        | RACE ASIAN  | NEED              | NEED              |
| 30              | KRACEHPI                      | RACE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER                  | NEED              | NEED              |
| 31              | KHISPANY                      | ETHNICITY HISPANIC OR LATINO                                    | NEED              | NEED              |
| 32              | KHISPANN                      | ETHNICITY NOT HISPANIC OR LATINO                                | NEED              | NEED              |
| 33              | KRACEO                        | RACE OTHER  | NEED              | NEED              |
| 34              | KRACESPC                      | RACE SPECIFY  | NEED              | NEED              |
| 35              | PFUSRY                        | US RESIDENT OR CITIZEN (Y)                                      | NEED              | NEED              |
| 36              | PFUSRN                        | US RESIDENT OR CITIZEN (N)                                      | NEED              | NEED              |
| 37              | RETIREY                       | RETIRING IN THE NEXT TWO YEARS YES                              | NEED              | NEED              |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions  |             |             |
|-----------------|-------------------------------|---|-------------|-------------|
|                 | License                       |   | RNA         | ARNP        |
| 38              | RETIREN                       | RETIRING IN THE NEXT TWO YEARS NO                                   | NEED        | NEED        |
| 39              |                               | ARE YOU ACTIVELY RECRUTING A DENTIST TO JOIN YOUR PRACTICE          |             |             |
| 40              |                               | IF YES, HOW LONG HAVE YOU BEEN LOOKING FOR A DENTIST TO JOIN YOUR   |             |             |
| 41              |                               | IS YOUR PRACTICE CURRENTLY FOR SALE                                 |             |             |
| 42              |                               | ARE YOU CURRENTLY RECRUITING FOR A DENTAL HYGIENIST                 |             |             |
| 43              |                               | ARE YOU CURRENTLY SEEKING EMPLOYMENT AS A DENTIST (FULL OR PART     |             |             |
| 44              |                               | IF YES, HOW LONG HAVE YOU BEEN LOOKING FOR EMPLOYMENT AS A DENTIST? |             |             |
|                 | Person                        |   |             |             |
| 45              | PFNMEF                        | FIRST NAME  | first_name  | first_name  |
| 46              | PFNMEI                        | MIDDLE INITIAL  | middle_name | middle_name |
| 47              | PFNMEL                        | LAST NAME   | last_name   | last_name   |
| 48              | PFNMES                        | NAME SUFFIX   |             |             |
| 49              | CRESENT                       | PROFESSIONAL DESIGNATION  |             |             |
|                 | Residents                     |   |             |             |
| 50              | KRESPGMN                      | RESIDENCE PROGRAM NO (X)  |             |             |
| 51              | KRESPGMY                      | RESIDENCE PROGRAM YES (X)   |             |             |
| 52              | KRESINST                      | RESIDENCE INSTITUTION   |             |             |
| 53              | KRESCITY                      | RESIDENCE CITY  |             |             |
| 54              | KRESSTE                       | RESIDENCE STATE   |             |             |
| 55              | KRESZIP                       | RESIDENCE ZIP (5 digit)   |             |             |
| 56              | KRESZ_4                       | RESIDENCE ZIP EXTENSION (4 digit)                                   |             |             |
| 57              | KRESCO                        | RESIDENCE COUNTY  |             |             |
|                 | Specialty                     |   |             |             |
| 58              | KSC1                          | SPECIALIZATION CODE 1   |             |             |
| 59              | KSC2                          | SPECIALIZATION CODE 2   |             |             |
| 60              | KSC3                          | SPECIALIZATION CODE 3   |             |             |
| 61              | SPNAME1                       | SPECIALIZATION NAME 1   |             | SPECIALTY   |
| 62              | SPNAME2                       | SPECIALIZATION NAME 2   |             | SPECIALTY   |
| 63              | SPNAME3                       | SPECIALIZATION NAME 3   |             | SPECIALTY   |
| 64              | SPECOTH1                      | OTHER SPECIALIZATION NAME 1   |             |             |
| 65              | SPECOTH2                      | OTHER SPECIALIZATION NAME 2   |             |             |
| 66              | SPECOTH3                      | OTHER SPECIALIZATION NAME 3   |             |             |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions              |                  |                  |
|-----------------|-------------------------------|---|------------------|------------------|
|                 | License                       |   | RNA              | ARNP             |
| 67              | KBC1N                         | BOARD CERTIFIED SPEC 1 NO (X)             |                  |                  |
| 68              | KBC1Y                         | BOARD CERTIFIED SPEC 1 YES (X)            |                  |                  |
| 69              | KBC2N                         | BOARD CERTIFIED SPEC 2 NO (X)             |                  |                  |
| 70              | KBC2Y                         | BOARD CERTIFIED SPEC 2 YES (X)            |                  |                  |
| 71              | KBC3N                         | BOARD CERTIFIED SPEC 3 NO (X)             |                  |                  |
| 72              | KBC3Y                         | BOARD CERTIFIED SPEC 3 YES (X)            |                  |                  |
|                 | Education                     |   |                  |                  |
| 73              | PFSCHM                        | SCHOOL DESCRIPTION (NAME)                 | NEED             | NEED             |
| 74              | PFSCHOOL                      | SCHOOL CODE                               | NEED             | NEED             |
| 75              | DEGREE                        | COLLEGE DEGREE                            | NEED             | NEED             |
| 76              | PFDEGD                        | DEGREE DATE                               | NEED             | NEED             |
| 77              | EDLEVELH                      | EDUCATION LEVEL-HIGHEST                   | NEED             | NEED             |
| 78              | ISCHOOLY                      | GRADUATE OF AN INTERNATIONAL SCHOOL (YES) |                  | NEED             |
| 79              | ISCHOOLN                      | GRADUATE OF AN INTERNATIONAL SCHOOL (NO)  |                  | NEED             |
|                 | Mailing                       |   |                  |                  |
| 80              | ADRESP                        | MAIL ADD TYPE (PROF OR HOME)              | NEED             | NEED             |
| 81              | ADORG                         | MAIL ORGANIZATION NAME                    | NEED             | NEED             |
| 82              | ADLNE1                        | MAIL ADDRESS 1                            | addr_line_1      | addr_line_1      |
| 83              | ADLNE2                        | MAIL ADDRESS 2                            | addr_line_2      | addr_line_2      |
| 84              | ADCITY                        | MAIL CITY                                 | addr_city        | addr_city        |
| 85              | ADSTE                         | MAIL STATE                                | addr_state       | addr_state       |
| 86              | ADZIPC                        | MAIL ZIPCODE (5 digit)                    | addr_zipcode (5) | addr_zipcode (5) |
| 87              | ADZIPC_4                      | MAIL ZIPCODE (4 digit)                    | addr_zipcode (4) | addr_zipcode (4) |
| 88              | ADPHNE                        | MAIL PHONE                                | NEED             | NEED             |
|                 | Practice General              |   |                  |                  |
| 89              | KDPCAREY                      | KANSAS DIRECT PATIENT CARE (Y)            | NEED             | NEED             |
| 90              | KDPCAREN                      | KANSAS DIRECT PATIENT CARE (N)            | NEED             | NEED             |
| 91              | ADMINHRS                      | HOURS IN ADMINISTRATION IN A TYPICAL WEEK | NEED             | NEED             |
| 92              | RESEAHRS                      | HOURS IN RESEARCH IN A TYPICAL WEEK       | NEED             | NEED             |
| 93              | TEACHHRS                      | HOURS IN TEACHING IN A TYPICAL WEEK       | NEED             | NEED             |
| 94              | OTHHRS                        | HOURS IN OTHER IN A TYPICAL WEEK          | NEED             | NEED             |
|                 | Practice 1                    |   |                  |                  |
| 95              | KORGPS1                       | PRACTICE SITE 1 ORGANIZATION NAME         | NEED             | NEED             |
| 96              | KLN1PS1                       | PRACTICE SITE 1 ADDRESS 1                 | NEED             | NEED             |
| 97              | KLN2PS1                       | PRACTICE SITE 1 ADDRESS 2                 | NEED             | NEED             |
| 98              | KPSCITY1                      | PRACTICE SITE 1 CITY                      | NEED             | NEED             |
| 99              | KPSSTE1                       | PRACTICE SITE 1 STATE                     | NEED             | NEED             |
| 100             | KPSZIP1                       | PRACTICE SITE 1 ZIP (5 digit)             | NEED             | NEED             |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       |      |      |
|-----------------|-------------------------------|--|------|------|
|                 | License                       |  | RNA  | ARNP |
| 101             | KPSZ1_4                       | PRACTICE SITE 1 ZIP EXTENSION (4 digit)                            | NEED | NEED |
| 102             | KPSPH1                        | PRACTICE SITE 1 PHONE  | NEED | NEED |
| 103             | KPSFAX1                       | PRACTICE SITE 1 FAX  | NEED | NEED |
| 104             | KPS1EMAL                      | PRACTICE SITE 1 EMAIL ADDRESS                                      | NEED | NEED |
| 105             | KPSTYPE1                      | PRACTICE SITE 1 TYPE   | NEED | NEED |
| 106             | KPTYOTH1                      | PRACTICE SITE 1 OTHER  | NEED | NEED |
| 107             | KPATSEE1                      | PATIENTS SEEN PER WEEK SITE 1                                      |      | NEED |
| 108             | KHRSPS1                       | PRACTICE SITE 1 HOURS  | NEED | NEED |
| 109             | KWKPYR1                       | PRACTICE SITE 1 WKS PER YR   | NEED | NEED |
| 110             | KPCT1PS1                      | PRACTICE SITE 1 % SPECIALTY 1                                      |      | NEED |
| 111             | KPCT2PS1                      | PRACTICE SITE 1 % SPECIALTY 2                                      |      | NEED |
| 112             | KPCT3PS1                      | PRACTICE SITE 1 % SPECIALTY 3                                      |      | NEED |
| 113             | KPCTMH1                       | PRACTICE SITE 1 % MENTAL HEALTH                                    |      | NEED |
| 114             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 1                    |      | NEED |
| 115             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 1                 |      | NEED |
| 116             | DENTHYGPS1                    | DENTAL HYGIENISTS AT PRACTICE SITE 1                               |      |      |
| 117             | DENTASSISPS1                  | DENTAL ASSISTANTS AT PRACTICE SITE 1                               |      |      |
| 118             | DENTSCALEPS1                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 1                       |      |      |
| 119             | ECPLVL1PS1                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 1 |      |      |
| 120             | ECPLVL2PS1                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 1 |      |      |
| 121             | NEWPATPS1Y                    | NEW PATIENTS AT SITE 1 YES   |      | NEED |
| 122             | NEWPATPS1N                    | NEW PATIENTS AT SITE 1 NO  |      | NEED |
| 123             | WAITHRSPS1                    | WAIT HOURS AT SITE 1   |      | NEED |
|                 | Practice 2                    |  |      |      |
| 124             | KORGPS2                       | PRACTICE SITE 2 ORGANIZATION NAME                                  | NEED | NEED |
| 125             | KLN1PS2                       | PRACTICE SITE 2 ADDRESS 1  | NEED | NEED |
| 126             | KLN2PS2                       | PRACTICE SITE 2 ADDRESS 2  | NEED | NEED |
| 127             | KPSCITY2                      | PRACTICE SITE 2 CITY   | NEED | NEED |
| 128             | KPSSTE2                       | PRACTICE SITE 2 STATE  | NEED | NEED |
| 129             | KPSZIP2                       | PRACTICE SITE 2 ZIP (5 digit)                                      | NEED | NEED |
| 130             | KPSZ2_4                       | PRACTICE SITE 2 ZIP EXTENSION (4 digit)                            | NEED | NEED |
| 131             | KPSPH2                        | PRACTICE SITE 2 PHONE  | NEED | NEED |
| 132             | KPSFAX2                       | PRACTICE SITE 2 FAX  | NEED | NEED |
| 133             | KPS2EMAL                      | PRACTICE SITE 2 EMAIL ADDRESS                                      | NEED | NEED |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       |      |      |
|-----------------|-------------------------------|--|------|------|
|                 | License                       |  | RNA  | ARNP |
| 134             | KPSTYPE2                      | PRACTICE SITE 2 TYPE   | NEED | NEED |
| 135             | KPTYOTH2                      | PRACTICE SITE 2 OTHER  | NEED | NEED |
| 136             | KPATSEE2                      | PATIENTS SEEN PER WEEK SITE 2                                      |      | NEED |
| 137             | KHRSPS2                       | PRACTICE SITE 2 HOURS  | NEED | NEED |
| 138             | KWKPYR2                       | PRACTICE SITE 2 WKS PER YR   | NEED | NEED |
| 139             | KPCT1PS2                      | PRACTICE SITE 2 % SPECIALTY 1                                      |      | NEED |
| 140             | KPCT2PS2                      | PRACTICE SITE 2 % SPECIALTY 2                                      |      | NEED |
| 141             | KPCT3PS2                      | PRACTICE SITE 2 % SPECIALTY 3                                      |      | NEED |
| 142             | KPCTMH2                       | PRACTICE SITE 2 % MENTAL HEALTH                                    |      | NEED |
| 143             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 2                    |      | NEED |
| 144             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 2                 |      | NEED |
| 145             | DENTHYGPS2                    | DENTAL HYGIENISTS AT PRACTICE SITE 2                               |      |      |
| 146             | DENTASSISPS2                  | DENTAL ASSISTANTS AT PRACTICE SITE 2                               |      |      |
| 147             | DENTSCALEPS2                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 2                       |      |      |
| 148             | ECPLVL1PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 2 |      |      |
| 149             | ECPLVL2PS2                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 2 |      |      |
| 150             | NEWPATPS2Y                    | NEW PATIENTS AT SITE 2 YES   |      | NEED |
| 151             | NEWPATPS2N                    | NEW PATIENTS AT SITE 2 NO  |      | NEED |
| 152             | WAITHRSPS2                    | WAIT HOURS AT SITE 2   |      | NEED |
|                 | Practice 3                    |  |      |      |
| 153             | KORGPS3                       | PRACTICE SITE 3 ORGANIZATION NAME                                  | NEED | NEED |
| 154             | KLN1PS3                       | PRACTICE SITE 3 ADDRESS 1  | NEED | NEED |
| 155             | KLN2PS3                       | PRACTICE SITE 3 ADDRESS 2  | NEED | NEED |
| 156             | KPSCITY3                      | PRACTICE SITE 3 CITY   | NEED | NEED |
| 157             | KPSSTE3                       | PRACTICE SITE 3 STATE  | NEED | NEED |
| 158             | KPSZIP3                       | PRACTICE SITE 3 ZIP (5 digit)                                      | NEED | NEED |
| 159             | KPSZ3_4                       | PRACTICE SITE 3 ZIP EXTENSION (4 digit)                            | NEED | NEED |
| 160             | KSPH3                         | PRACTICE SITE 3 PHONE  | NEED | NEED |
| 161             | KPSFAX3                       | PRACTICE SITE 3 FAX  | NEED | NEED |
| 162             | KPS3EMAL                      | PRACTICE SITE 3 EMAIL ADDRESS                                      |      | NEED |
| 163             | KPSTYPE3                      | PRACTICE SITE 3 TYPE   | NEED | NEED |
| 164             | KPTYOTH3                      | PRACTICE SITE 3 OTHER  | NEED | NEED |
| 165             | KPATSEE3                      | PATIENTS SEEN PER WEEK SITE 3                                      |      | NEED |
| 166             | KHRSPS3                       | PRACTICE SITE 3 HOURS  | NEED | NEED |

| Vairable Number | Minimum Dataset Variable Name | Minimum Dataset Descriptions                                       |      |      |
|-----------------|-------------------------------|--|------|------|
|                 | License                       |  | RNA  | ARNP |
| 167             | KWKPYR3                       | PRACTICE SITE 3 WKS PER YR   | NEED | NEED |
| 168             | KPCT1PS3                      | PRACTICE SITE 3 % SPECIALTY 1                                      |      | NEED |
| 169             | KPCT2PS3                      | PRACTICE SITE 3 % SPECIALTY 2                                      |      | NEED |
| 170             | KPCT3PS3                      | PRACTICE SITE 3 % SPECIALTY 3                                      |      | NEED |
| 171             | KPCTMH3                       | PRACTICE SITE 3 % MENTAL HEALTH                                    |      | NEED |
| 172             | KPCTMEDICAIDPS                | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3                    |      | NEED |
| 173             | KPCTSLIDEFEEPS                | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 3                 |      | NEED |
| 174             | DENTHYGPS3                    | DENTAL HYGIENISTS AT PRACTICE SITE 3                               |      |      |
| 175             | DENTASSISPS3                  | DENTAL ASSISTANTS AT PRACTICE SITE 3                               |      |      |
| 176             | DENTSCALEPS3                  | DENTAL SCALING ASSISTANTS AT PRACTICE SITE 3                       |      |      |
| 177             | ECPLVL1PS3                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 3 |      |      |
| 178             | ECPLVL2PS3                    | DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 3 |      |      |
| 179             | NEWPATPS3Y                    | NEW PATIENTS AT SITE 3 YES   |      | NEED |
| 180             | NEWPATPS3N                    | NEW PATIENTS AT SITE 3 NO  |      | NEED |
| 181             | WAITHRSPS3                    | WAIT HOURS AT SITE 3   |      | NEED |
|                 | Practice Other                |  |      |      |
| 182             | KADDPS                        | NUMBER OF ADDITIONAL PRAC SITES                                    | NEED | NEED |
| 183             | KADDHRS                       | HRS IN ADD PRACTICE SITES  | NEED | NEED |